

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589346

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/					
4		/				
5		/				
6	/					
7	/	/				
8	/					
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	14	↓	3	↓		↓
TOTAL DEP.	14	←	19	←		←
TOTAL CLAIMS	28		22			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53			/	/		
54				/		
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98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	9	←		←
TOTAL CLAIMS			10			